



06-01-06

JFW

1654 #

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----------------------|------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/752,533 | |
| | Filing Date | December 29, 2000 | |
| | First Named Inventor | Stephen M. COUTTS | |
| | Art Unit | 1654 | |
| | Examiner Name | D. Lukton | |
| Total Number of Pages in This Submission | 57 | Attorney Docket Number | 252312005704 |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply (with Appendix A and attachments - 52 pages) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page) | <input checked="" type="checkbox"/> Terminal Disclaimer (1 page) | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Receipt Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (Customer No. 25226) | | |
| Signature | | | |
| Printed name | Shannon Reaney | | |
| Date | May 30, 2006 | Reg. No. | 52,285 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV534444316US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 30, 2006

Signature: (Shannon Reaney)



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006**Complete if Known**

| | |
|----------------------|-------------------|
| Application Number | 09/752,533 |
| Filing Date | December 29, 2000 |
| First Named Inventor | Stephen M. COUTTS |
| Examiner Name | D. Lukton |
| Art Unit | 1654 |
| Attorney Docket No. | 252312005704 |

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1250.00**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|-----------|---------------|
| 183 | -156 = 27 | x 25.00 = | 675.00 |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|------------|---------------|
| 3 | -3 = 0 | x 100.00 = | 0.00 |

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

| Fee (\$) | Fee Paid (\$) |
|----------|---------------|
| 180.00 | 0.00 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 | (round up to a whole number) x | 125.00 | 0.00 |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month | 510.00 |
| 2814 Statutory Disclaimer | 65.00 |

SUBMITTED BY

| | | | | | |
|-------------------|----------------|-----------------------------------|--------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 52,285 | Telephone | (650) 813-5744 |
| Name (Print/Type) | Shannon Reaney | Date | May 30, 2006 | | |